

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Wong		Celeste	M.O.	808-432-4625
MAILING ADDRESS (Street)				FAX
501 Alakawa St.				808-432-4632
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

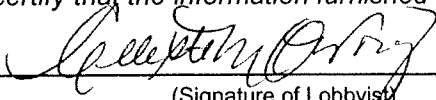
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Health Plan, Inc.			808-432-0000
MAILING ADDRESS (Street)			FAX
3288 Moanalua Road			
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Phyllis J.B. Dendle			808-432-4626
MAILING ADDRESS (Street)			FAX
501 Alakawa St.			808-432-4632
(City)		(State)	(Zip Code)
Honolulu		Hawaii	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/11/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Janice L. Head

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President, Hawaii Region

NAME OF ORGANIZATION (if applicable)

Kaiser Foundation Health Plan and Hospitals, Inc.

TELEPHONE

808-432-5857

MAILING ADDRESS (Street)

2828 Paa Street

FAX

808-432-5866

(City)

(State)

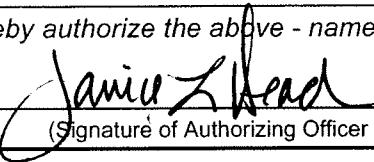
(Zip Code)

Honolulu

Hawaii

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/16/07

(Date)